

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

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THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM OF HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last) (First) (Middle)			TELEPHONE
WAIHALE GEORGE M.			809-388-0436
MAILING ADDRESS (Street)			FAX
91-2135 FT. WEAVER ROAD #170			071-2931
(City) (State) (Zip Code)			EMAIL
EWA BEACH Hawaii			dscothyhawaii@gmail.com
96706			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Work Injury Medical Association of Hawaii			676-5331
MAILING ADDRESS (Street)			FAX
91-2135 FT. WEAVER ROAD #170			671-2931
(City) (State) (Zip Code)			EMAIL
EWA BEACH Hawaii			dscothyhawaii@gmail.com
96706			

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Work Injury Medical Association of Hawaii			676-5331
MAILING ADDRESS (Street)			FAX
91-2135 FT. WEAVER ROAD #170			671-2931
(City) (State) (Zip Code)			EMAIL
EWA BEACH Hawaii			dscothyhawaii@gmail.com
96706			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Scott McCallister			676-5331
MAILING ADDRESS (Street)			FAX
91-2135 FT. WEAVER ROAD #170			671-2931
(City) (State) (Zip Code)			EMAIL
EWA BEACH Hawaii			dscothyhawaii@gmail.com
96706			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Joe M. Hainish
(Signature of Lobbyist)

6/17/13
(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Scott McCaffrey

President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Work Injury Medical Association of Hawaii

674-5331

MAILING ADDRESS (Street)

FAX 671-2931

91-2135 Ft. Weaver Road #170

EMAIL scott.hainish@gmail.com

(City)

(State)

(Zip Code)

EWA BEACH

HAWAII

96706

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Drew Milby MD
(Signature of Authorizing Officer or Person Represented)

6/16/13
(Date)